

State of Washington

PO Box 48380
Olympia, WA 98504-8380

Department of Retirement Systems

BENEFICIARY DESIGNATION for LEOFF and WSPRS Retirees

Toll-free: 1-800-547-6657
Olympia area: (360) 664-7000

Important: Before completing this form, carefully read the instructions on the back.

SECTION ONE: IDENTIFICATION — Please print and complete in full

Last name		First name		Middle name	
Retirement System—check one only <input type="checkbox"/> Washington State Patrol <input type="checkbox"/> Law Enforcement Officers and Fire Fighters				Social Security Number	
Telephone Number (Work or Daytime) ()			Telephone Number (Home) ()		

SECTION TWO: BENEFICIARY DESIGNATION—See back of form for instructions

Full name of persons or estate	Designation	Relationship	Date of Birth	Address		
	Primary Contingent <input type="checkbox"/> <input type="checkbox"/> Check one			Street	Mo	Day Year
Social Security #:				City State Zip		
Full name of persons or estate	Designation	Relationship	Date of Birth	Address		
	Primary Contingent <input type="checkbox"/> <input type="checkbox"/> Check one			Street	Mo	Day Year
Social Security #:				City State Zip		
Full name of persons or estate	Designation	Relationship	Date of Birth	Address		
	Primary Contingent <input type="checkbox"/> <input type="checkbox"/> Check one			Street	Mo	Day Year
Social Security #:				City State Zip		
Full name of persons or estate	Designation	Relationship	Date of Birth	Address		
	Primary Contingent <input type="checkbox"/> <input type="checkbox"/> Check one			Street	Mo	Day Year
Social Security #:				City State Zip		
Trust or organizations	Designation	Trustee or Administrator	Address			
Name:	Primary Contingent <input type="checkbox"/> <input type="checkbox"/> Check one		Street			
			City State Zip			

SECTION THREE: CERTIFICATION—Complete in full

I, _____ (print name), hereby direct that the \$150,000 death benefit be paid in equal shares to any primary beneficiaries named above who survive me, but if none survive, such monies will be paid in equal shares to any contingent beneficiaries named above who survive me. I hereby certify that I have read and understand the instructions to this form and all of the information I have entered on this form is true and complete. Submission of this form revokes any prior designations I have made.

Signature of Member

Date

Address

City

State

Zip Code

SECTION FOUR: WITNESS—To be completed by a person, other than a beneficiary, who witnesses the member's signature

I, _____, am witness that the above named member completed and signed this document.
(Witness's name — please print)

Signature of Witness

Date

Address

City

State

Zip Code

Note to Members and Retirees: This form **cannot** be used to designate a beneficiary to receive a monthly survivor benefit or a refund of retirement contributions from the Department of Retirement Systems.

Instructions: Use this form to designate or change your beneficiary(s) eligible to apply for benefits under Chapter 226, Laws of 1996. This law provides a \$150,000 benefit if your death occurs as a result of injuries sustained in the course of employment as a law enforcement officer or firefighter. Eligibility to receive the benefits will be determined by the Department of Labor and Industries.

Your designated primary and contingent beneficiary or beneficiaries may be a person, persons, your estate, a trust or an organization. Primary beneficiaries will receive any monies payable under this law. If no primary beneficiary is alive at the time of your death, the contingent beneficiary(s) will receive the money. If there is no designated beneficiary still living at the time of your death, the death benefit will be paid to your surviving spouse. If there is no surviving spouse, the benefit will be paid to your legal representative.

To make your designation:

1. Complete Section One.
2. In Section Two, type or print in ink the requested information and check the appropriate box to indicate whether you wish to make that person or entity a primary or contingent beneficiary.

When naming a person, always show given names. For example:
MARY K. DOE (not Mrs. Robert Doe).

You may designate more than one primary beneficiary. If you do, the benefit will be divided equally among all named primary beneficiaries.

After naming your primary beneficiary(s), you may name one or more contingent beneficiaries. If the primary beneficiaries are no longer living, the benefit will be divided equally among all contingent beneficiaries.

3. Complete and sign Section Three.
4. To protect members from fraudulent claims, it is required that another person witness the member's signature on this document and complete and sign Section Four. The witness must be someone other than a designated beneficiary.
4. The form must be returned to DRS, PO Box 48380, Olympia, WA 98504-8380.

Important: Make a copy of your beneficiary designation and review it periodically to ensure that it is still valid.

This form requests that you provide your Social Security number. 5 U.S.C. Section 552(A) requires that the Department make the following disclosure when requesting that information:

- 26 U.S.C. Sections 6047(D), 6041(A)(3) authorizes DRS to solicit your Social Security number.
- DRS uses your Social Security number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.
- Routinely, DRS uses the Social Security number as the identifying number for the member file.
- If you do not provide your Social Security number, DRS cannot guarantee that the information you are providing on this will be properly matched with your member records. This is a particular risk if your name is a fairly common one. Failure to provide your Social Security number may also result in misreporting to the Internal Revenue Service of any disbursements you receive, which may result in adverse tax consequences for you.
- Because DRS uses your Social Security number in order to report disbursements to the IRS as required under federal law, the disclosure of your Social Security number is mandatory.